CUNY SCHOOL OF LAW

REQUEST FOR LEAVE OF ABSENCE

- Occasionally, life factors occur which may prevent students from successfully focusing on their academic studies. In some of those situations, a leave of absence may be a solution. Leaves of absence may be granted upon application to, and approval by the Academic Dean. You are required to complete the attached form and submit it to the Office of Academic Affairs: academicdeanoffice@law.cuny.edu
- Students may request an official leave of absence for a maximum period of ONE year. A student on an approved leave of absence, who does not return after the leave has expired, will be considered to have withdrawn from the Law School, unless the Academic Dean has approved an extension prior to the expiration of the initial term of the leave.
- F-1 visa students must consult with and receive prior approval from International Student Services before requesting a leave of absence. Contact information: iss@law.cuny.edu or 718.340.4237.
- Please be advised that if you receive financial aid, there may be implications if you interrupt your studies by taking a leave of absence. You will be required to complete a financial aid exit interview. Please inquire with the Office of Financial Aid: financialaidoffice@law.cuny.edu

CUNY SCHOOL OF LAW LEAVE OF ABSENCE REQUEST

Class Year: $\Box 2L FT \Box 2L PT \Box 3L FT \Box 3L PT \Box 4L PT$			
Name:		CU	NYfirst ID:
Name: Last F	First	MI	
Phone: Email	address:		
Address: Street Address			
G: G			
City State Zi Are you registered for the semester in		a will bagi	 12 □ Vas □ No
Are you registered for the semester in	i which this leav	e will begin	1: 165 110
Semester of Leave: ☐ Fall ☐ Sprin	ıg □ Summer	20	
Are you preregistered for the upcomi	ng semester? □	Yes □ N	o
Expected Semester of Return: Fall	\square Spring \square	Summer	20
Are you an F-1 visa student? Yes No (If you are an F-1 visa student, you must obtain the approval of the International Student Services Office, before submitting this form to the Academic Affairs Office.)			
I wish to take a leave for the following reason(s): \square Personal \square Financial \square Academic \square Medical \square Other, please explain:			
Student's Signature	Date		
Approvals:			
			
Academic Dean/Director of Academic	Advising	Signatu	re Date
(Below Approval Required for F-1 Students)			
Int'l Student SEVP Designated School	Official's Name	Signature	Date
Office of Registration Use Only			
-	D 11		
Date Processed:	Processed by:		